

## State of South Dakota

## Candidate's or Committee's Report of Receipts and Expenditures

RECEIVED

Candidates and candidate committees: File in the office where you filed your nominating petition. DEC 2 6 2006 PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070 S.D. SEC. OF STATE See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. Name of Candidate or Committee art Freplie for House Complete Mailing Address 43745 180th St., Hazel, SD 57242 Name of Person Making Report Llianne Rider Daytime Phone Number 628-2103 If you are a candidate, what office are you seeking?\_\_\_\_\_ If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) SDCL 12-25-13.3 Past General Pep For Reporting Period Ending (See pages 4 & 5 of Guideline Book)\_ /2/31/06 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I <u>Dianne Rider</u> (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 12/22/06

Revised July 2001

Filed this 26th day of Decomber 2006

Candidate Signature or

Signature of Committee Treasurer or Chairperson

					7.pp 4
Name of C	Candidate	or Com	nittee art Freslia	2	
For the re	porting p	eriod end	nittee Art Fryslia  ling 12/31/06		
			Schedule A – Direct C		
			Il direct contributions. You must keep less from individuals and the same fr		
			es below and on the next page. Any co		
			party and all contributions from PAC's		
			employment (if applicable) of the con		
itemization.	This schedul		uplicated if you need more space, or y	-	paper.
•••••	*****	•••••		*****************	••••••
Unitemized	Contribution	ons from In	dividuals:		*\$
Itemized Co	ntributions	from Indi	viduals		
	Name		Residence Address	Place of Employment (Name of Employer)	
non			Residence Anniess	(Name of Employer)	
100	<u>u</u>				
	<del></del>				ф <u> </u>
<u></u>	<del></del>				
	·				•
					•
					· · · · · · · · · · · · · · · · · · ·
					¢
					• •
					\$
		· · · · · · · · · · · · · · · · · · ·			\$
					\$
					\$
					\$
					\$
					\$
		<del></del>			\$
					\$
		<del></del>			\$
					<del></del>
	<u></u>				<b>3</b>
	ř	1	, , , , , , , , , , , , , , , , , , , ,		-
	- J	- Charles - militar	in talifi ———————————————————————————————————		\$
		f			\$

J. VANS

Total of Itemized Contributions from Individuals:

BN BITALIANE

me of Candidate or Committee	Cart Fryslee	
the reporting period ending	2/31/06	
r the reporting period ending 12/31/06  Schedule A – Direct Contributions (continued)  sitemized Contributions from Political Parties:  **\$  **S  **  **  **  **  **  **  **		
Schedule A	- Direct Contributions (continued)	
itemized Contributions from Political Parti	es:	*\$
	Address	
hone		\$
750,750		
		<b>5</b>
	l Parties:	*\$
Mai of Remized Contributions it on a series		
emized Contributions from Political Action	Committees (PAC's) - All contributions from PAC	C's must be itemized.
PAC Name	Address	
pone		
		1
		\$
		\$ \$
		\$ \$ \$
		\$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Schedule B - Fund-Raising Events Proceeds  List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.  Type or Name of Event  Net Proceeds  Net Proceeds	Name of Candidate or Committee: 4	rt Friplie	Appendix F
Schedule B - Fund-Raising Events Proceeds  List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 in the calendar year, those contributions must be itemized on Schedule A.  Type or Name of Event    Net Proceeds		<del>d</del>	
List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributions must be itemized on Schedule A.  Type or Name of Event  Net Proceeds  Schedule C - In Kind Contributions  Schedule C - In Kind Contributions  Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Total:  Schedule D - Other Income  Use this schedule to report any refunds, interest canned or other income which is not a direct contribution.  Source of Income  Amount  Amount		- Fund-Raising Events Proceeds	,
Total:  Schedule C - In Kind Contributions  Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Floral:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount  Formal	List on this schedule fund-raising events held to rais	e money for the candidate and the net proceeds	derived from each event. If a
Total:  Schedule C - In Kind Contributions  Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Floral:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount  Formal	Type or Name of Event		Net Proceeds
Schedule C - In Kind Contributions  Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Force  Total:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount	1 /2		
Schedule C - In Kind Contributions  Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Force  Total:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount			
Schedule C - In Kind Contributions  Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Force  Total:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount			
Schedule C - In Kind Contributions  Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Force  Total:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount			
Schedule C - In Kind Contributions  Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.  Name, Residence Address & Place of Employment  Force  Total:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount			- 1 and - 1 - 1
Schedule C - In Kind Contributions  Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.  Nature of Non-Cash Contribution  Name, Residence Address & Place of Employment  Estimated Value  Total:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount  Amount			**************************************
Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.    Name, Residence Address & Place of Employment   Estimated Value	Total:		
Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.    Name, Residence Address & Place of Employment   Estimated Value	Schadul	le C - In Kind Contributions	
Nature of Non-Cash Contribution  Rome  Rome  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount  Monte	Report all non-cash contributions of goods or service	es and the estimated fair market value. If the va	alue exceeds \$100, the name of the
Total:  Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount  Forne			<u></u>
Total:  Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount  Forme		Place of Employment	Estimated Value
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount	none		
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount		:	
Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount	Total:		
Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount	Sch	redule D - Other Income	
None	-		bution.
	Source of Income		Amount
Total:	pone		
Total:			
Total:			
Total:		:	
Total:			
Total:			
	Total		

Name of Candidate or Committee:	art Fryslie
For the reporting period ending:	

Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

Expenses		Contributions Made to Candidates and Committees			
Item	Amount	Name of Candidate or Committee	Amount		
Advertising		S.D. Republican Com	150.		
Consulting		Tational Lep. Com	20.		
Postage		Stormo for House	100.		
Printing		Dational Dep. Com	25.		
Rent		Rich Sattgast Campaign	15		
Salaries		S. D. Republican Cont	150.		
Telephone		Republican Com	-20		
Travel		Greenfield Campaign	50,		
Utilities					
List other expense items below	List other expense amounts below				
Gilt	38.				
banquet	71				
CLERRA	10.60				
A					
			<del></del>		
			<u> </u>		
	+				
	<del></del>				

Name of Candidate or Committee: Art Yrunlie
For the reporting period ending: $\frac{12/31/06}{}$

Schedule F - Debts and Obligations

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Owed to:	Purpose:	Amount
	1 12-44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2111211
		<u> </u>
		<u> </u>
1	· · · · · · · · · · · · · · · · · · ·	
		. , ,
Total Obligations:		

•	me of Candidate or Committee: <u></u>	+ 41 11		Appendix
			A CALL TO SERVICE THE SERVICE	
Fo	r the reporting period ending: $\frac{\sqrt{2}/3}{3}$	1/06		
		Summary Page		
	s summary sheet will give a brief outline of all ca n the schedules previously completed.	mpaign finance activity duri	ng this reporting period. I	lease transfer all totals
1.	Amount on hand, if any, at the beginning	g of the reporting period	l:	\$ 2819.49
2.	Receipts			
	Schedule A - Direct Contributions	\$		
	Schedule B - Fund-Raising Events	\$		
	Schedule C - In Kind Contributions	\$	e e e e e e e e e e e e e e e e e e e	lass. Ž
	Schedule D - Other Income	\$		
	Total of all Receipts	\$		
3.	Total Monetary Receipts (A+B+D)			\$
4.	Candidate's Personal Contribution to Ov	wn Campaign		\$
5.	Monetary Loans to Candidate or Comm	ittee During Reporting l	Period	\$
6.	Monetary Loans Repaid During Reports	ing Period		\$
7.	Expenditures - Schedule E			\$ 649.60
8.	Unpaid Obligations - Schedule F	\$		
9.	Amount on hand at the close of this rep This should equal lines $(1+3+4+5) - (6-6)$			s <u>2169.8</u> 9

				1
			•	i
	-			
	ű.			
				÷
		÷		
÷				
			,	
	*		-	•
·š				
4				